



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration

Submitted with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number	32355.12.8.2.1
First Named Inventor	Mark A. RYDELL
COMPLETE IF KNOWN	
Application Number	10/562,651
Filing Date	December 27, 2005
Art Unit	Unknown
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR TOE ARTHROPLASTY

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) **06/25/2004** as United States Application Number or PCT International

Application Number

PCT/US2004/020457and was amended on
(MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
PCT/US2004/020457	WO	06/25/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/01 (08/03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION – UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: Customer Number

022859

OR Correspondence address below

Name

FREDRIKSON & BYRON, P.A.

Address

200 South Sixth Street, Suite 4000

City Minneapolis	State Minnesota	ZIP 55402
Country USA	Telephone (612) 492-7000	Fax (612) 492-7077

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Mark A.

Family Name
or Surname
RYDELL

Inventor's
Signature

Mark A. Rydell

Date

1-17-06

Residence: City
Golden Valley

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Minnesota

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USA

Citizenship
USA

Mailing Address
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USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Scott

Family Name
or Surname
McGARVEY

Inventor's
Signature

Date

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4603 Oak Drive

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State
Minnesota

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Country
USA

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



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Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Mark A.	Family Name or Surname RYDELL
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Inventor's Signature	Date
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Residence: City Golden Valley	State Minnesota	Country USA	Citizenship USA
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Mailing Address 516 Tumpike Road	City Golden Valley	State Minnesota	ZIP 55416	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any]) Scott	Family Name or Surname McGARVEY
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Inventor's Signature	Date
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Residence: City Edina	State Minnesota	Country USA	Citizenship USA
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Mailing Address 4603 Oak Drive	City Edina	State Minnesota	ZIP 55424	Country USA
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Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION – UTILITY OR DESIGN PATENT APPLICATION

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given name (first and middle [if any]) Jeffrey C.		Family Name or Surname FELT	
Inventor's Signature 		Date 12/20/05	
Residence: City Greenwood	State Minnesota	Country USA	Citizenship USA
Mailing Address 4800 Lodge Lane			
City Greenwood	State Minnesota	ZIP 55331	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:

Practitioners associated with the Customer Number:

022859

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

The practitioners associated with customer number 022859 (Fredrikson & Byron, P.A.) are hereby granted authorization to sign the attached statement under 37 CFR §3.73(b) that evidences ownership by **Advanced Bio Surfaces, Inc.**

Assignee Name and Address:

Advanced Bio Surfaces, Inc.
5909 Baker Road
Suite 550
Minnetonka, MN 55345

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Name	Jeffrey C. Felt		
Signature		Date	1/19/05
Title	Chairman and Chief Technical Officer	Telephone	(952) 912-5400